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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

I. OPERATOR

Operator
HNG Oil Company

Address
P.O. Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Wilson 9 Federal</u>	Well No. <u>5</u>	Pool Name, including Formation <u>R-6476</u> <u>Sioux Tansill Yates</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 18644</u>
Location				
Unit Letter <u>J</u>	<u>1980</u>	Feet From The <u>South</u>	Line and <u>1980</u>	Feet From The <u>East</u>
Line of Section <u>9</u>	Township <u>26S</u>	Range <u>36E</u>	, NMPM, <u>Lea</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Basin, Inc.</u>	<u>Box 2297, Midland, Texas 79702</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>El Paso Natural Gas Company</u>	<u>Box 1492, El Paso, Texas 79978</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>9</u>	Twp. <u>26S</u>	Rge. <u>36E</u>	Is gas actually connected? <u>Yes</u>	When <u>7-11-80</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>4-19-80</u>	Date Compl. Ready to Prod. <u>5-9-80</u>		Total Depth <u>3700'</u>		P.B.T.D. <u>3463'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>2950' GR</u>	Name of Producing Formation <u>Tansill Yates</u>		Top Oil/Gas Pay <u>3219'</u>		Tubing Depth <u>3391'</u>			
Perforations <u>3219 - 3416</u>					Depth Casing Shoe <u>3650'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>11"</u>	<u>8-5/8"</u>		<u>1473'</u>		<u>600 HLW & 200 CIC</u>			
<u>7-7/8"</u>	<u>5-1/2"</u>		<u>3650'</u>		<u>450 HLW & 225 CIC</u>			
	<u>2-3/8"</u>		<u>3391'</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>5-7-80</u>	Date of Test <u>7-29-80</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>30#</u>	Casing Pressure <u>-</u>	Choke Size <u>-</u>
Actual Prod. During Test <u>35 bbls.</u>	Oil - Bbls. <u>35</u>	Water - Bbls. <u>58</u>	Gas - MCF <u>1</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Betty A. Gildon
(Signature) Betty A. Gildon
Regulatory Clerk
(Title)
July 31, 1980
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 4 1980, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each well to maintain